



7038 Cleopatra Pl. N.W.
Seattle, WA 98117

(206) 789-1985

Hand-in-Hand Student Application Form

Application Date: _____
\$25 App. Fee Paid _____

CHILD'S FULL NAME _____

CHILD'S PRIMARY ADDRESS _____

APPLICATION FOR THE FOLLOWING SCHOOL YEAR _____ **to** _____

APPROXIMATE START DATE: _____

DESIRED SCHEDULE AND DAYS OF THE WEEK _____

STUDENT INFORMATION:

Date of birth _____ **Age at time of enrollment** _____

Most recent school _____

Reason for leaving _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name

Parent/Guardian Name

Home Address

Home Address

Home Phone

Home Phone

Email Address

Email Address



7038 Cleopatra Pl. N.W.
Seattle, WA 98117

(206) 789-1985

PLEASE TAKE A MOMENT TO ANSWER THE FOLLOWING QUESTIONS:

How did you hear about Hand In Hand? _____

Why have you chosen to apply to Hand In Hand? _____

What do you feel is the best learning environment for your child? _____

What words would best describe your child? _____

What is your understanding of the Montessori Philosophy? _____

How do you feel about, and what are your ideas concerning parent involvement?
